

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BOARD OF NURSING**

**Nomination Form
PANEL HEARING REVIEWER/ INVESTIGATIVE REVIEW COMMITTEE (IRC) OR EXPERT CASE
REVIEWER**

Instructions: Please submit the completed form along with requested information/ current resume or curriculum vitae to Committee Nominations, LLR-Board of Nursing, PO Box 12367, Columbia, SC 29211 **OR** e-mail the completed form along with requested information/ current resume or curriculum vitae to nurseboard@llr.sc.gov

SECTION 1: NOMINEE INFORMATION

- A.** _____
Full Name of Nominee (As Shown on SC Nursing License) *SC Nursing License #
- _____
Mailing Address City State Zip Code
- _____
Work Phone Home Phone Alternate Phone Email Address
- * Must hold an *active and unencumbered* South Carolina nursing license.
- B.** Please indicate the position(s) for which the individual is applying (*May apply for multiple positions, however, may only serve on one Board of Nursing committee at a time*):
- ___Panel Hearing Reviewer ___Investigative Review Committee ___Expert Case Reviewer
- C.** What is your current area(s) of nursing practice? _____
- Who is your employer(s)? _____
- Employer Address(es) _____
- D.** Please list your nursing degree(s), nursing certification(s) and area of specialty.
- Nursing Degree(s) _____
- Nursing Certification(s) _____
- Area(s) of Nursing Specialty _____

SECTION 2: TO BE COMPLETED BY INDIVIDUAL BEING NOMINATED.

- A. Are you currently serving on a South Carolina Board of Nursing Committee? Yes / No
If yes, which committee? _____

(Note you may serve on only one Board of Nursing committee/panel/review at a time.)

- B. Please provide a brief statement as to your interest in serving and the contribution that you feel you can make as a Panel Hearing Reviewer or Investigative Review Committee (IRC) member or as an Expert Case Reviewer. (You may attach an additional sheet, if necessary)

- C. If the position(s) you have been nominated for is not available at this time, may we consider you for positions on other Board of Nursing committees? Yes / No

I hold a current and unencumbered South Carolina nursing license. If appointed by the Board, I agree to serve as a Panel Hearing Reviewer or on the Investigative Review Committee (IRC) or as an Expert Case Reviewer *and* to participate in the meetings/ hearings in Columbia as scheduled/ requested.

Signature of Nominee (As Shown on SC Nurse License)

Date

South Carolina Nurse License Number *

* Must hold an *active and unencumbered* South Carolina nursing license.

All questions answered? (*May attach a separate sheet*)

CV/ Resume attached?

Completed nomination forms, *along with resume or curriculum vitae*, are submitted to the SC Board of Nursing for review, selection and appointment.